

## **Position Statement on Relations between Commercial Milk Formula (CMF) Companies and the United South African Neonatal Association (USANA):**

Breastfeeding (BF) is fundamental to neonatal health, survival and development, is protective against many non-communicable diseases and has significant life-course benefits.<sup>1,2</sup> Children who are formula fed are significantly more likely to suffer gastroenteritis, pneumonia, necrotising enterocolitis, more severe forms of these diseases and have a greater risk of death.<sup>3</sup> BF is recognised as the most cost-effective intervention to improve child health and survival and has been a critical component of Primary Health Care for more than 40 years. The Lancet Breastfeeding Series estimated that improved BF coverage could save 800 000 child lives per annum globally.<sup>1</sup> The World Health Organisation (WHO) therefore recommends exclusive breastfeeding (EBF) for the first six months of life, followed by the addition of appropriate complementary feeds with continued BF for two years or more.

Although South Africa's BF and EBF rates have improved considerably since the 1990's, they are still well below the coverage rates required to reach the expected number of lives saved.<sup>4</sup>

There is no doubt that, when breastfeeding is not possible, properly constituted commercial formula milk is far better than "home-made" formula, tea, sugar-salt solutions and diluted porridge and that specialized commercial formula are important in the management of certain medical conditions. However, direct and indirect marketing practices of infant formula companies to the public and health professionals undermine attempts to improve breastfeeding rates.<sup>1</sup> Easy availability and inappropriate marketing of formula milk as a "breast milk substitute" (BMS) have been shown to reduce BF and EBF rates.<sup>7</sup> The increase in formula milk sales in South Africa is therefore of particular concern<sup>5</sup>, given that one in three infants live below the poverty line, and without access to adequate water and sanitation.<sup>6</sup>

The primary concern of companies who manufacture CMF is profit, and their marketing strategies often seek endorsement by health professionals. The primary responsibility of health professionals on the other hand, is to safeguard and promote optimal child health and development for all, which includes promoting, protecting and supporting breastfeeding practices.<sup>8</sup> As USANA we have a responsibility to be unequivocal in our support of breastfeeding and resolute in its defense, including challenging any practices that may undermine it.

Non-essential collaboration between health professionals and the formula milk industry leads to a conflict of interest<sup>1</sup>, where individual health professionals may become beholden to industry due to financial or other incentives. This may undermine their integrity and independence of service, research, teaching, policy and neonatal advocacy. There is evidence that trials of formula milk lack independence and published outcomes are biased by selective reporting.<sup>9</sup> Direct receipt of funding by researchers and health professionals may lead them to "favour corporations, either consciously or unconsciously".<sup>10</sup> "It does not matter how small the sponsorship or gift; it may still create a sense of obligation towards the giver and can be the catalyst for serious acts of misconduct and corruption." For this reason, the Western Cape Government requires all such 'gifts' to be declared for auditing purposes.<sup>11</sup>

USANA and its members should therefore refrain from publicly endorsing formula feeding or specific commercial formula products.

As far back as 1990, WHO and UNICEF recognised that aggressive CMF marketing by formula manufacturers undermines breastfeeding. The International Code of Marketing of BMS and local Regulation 991 aim to regulate inappropriate BMS marketing. This includes:

- ensuring that "financial support for professionals working in infant and young child health does not create a conflict of interest" (World Health Resolution 49.15) and
- avoid "creating conflicts of interest or perverse incentives for individual health professionals" (National Department of Health Guidelines to Industry).

These concerns prompted the BMJ editor<sup>12</sup>, the Royal College of Paediatrics and Child Health<sup>13</sup> and the UCT Department of Paediatrics and Child Health to announce that they will no longer accept any funding from the formula milk industry.

USANA, as the leading neonatal association in South Africa, actively promotes, protects and supports BF. We are committed to uphold the International Code of Marketing of Breast Milk Substitutes (the Code)<sup>14</sup> and associated WHO resolutions, as well as Regulation 991 (R991).<sup>15</sup> This includes efforts to protect BF from being undermined by commercial interests and influence from the commercial milk formula industry. We intend to uphold both the spirit of the Code and the letter of the law. As such, **USANA will not enter into any relationships, with the formula milk industry or accept their financial support for education, service, research or policy development.** Any individual relationships will have to be disclosed openly at all USANA conference presentations, webinars, distributed academic articles, annual reports, etc. as a first step in identifying and eliminating conflict of interest.

This USANA position statement is not an attempt to limit the free choice of mothers in how they feed their infants. However, this choice and the education and training of health professionals should not be unduly influenced by CMF marketing. In addition, USANA supports the Mother Baby Friendly Initiative and its implementation across all facilities as well as measures to create a BF-friendly workplace. Additional measures include more lodger space for mothers, support for breast milk expression, breastmilk banks, re-lactation strategies, promoting ART adherence amongst breastfeeding mothers living with HIV, strengthening community-based services to support continuing BF at home, and greater BF support for staff returning to work from maternity leave.

***This statement is based on the UCT Department of Paediatrics and Child Health Position statement, with permission and with special thanks to Lori Lake, Tanya Doherty and Max Kroon***

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#### More recent publications worth reading:

1. Lake L, Kroon M, Sanders D et al. Child health, infant formula funding and South African health professionals: Eliminating conflict of interest. S Afr Med J 2019;109(12):902-906. <https://doi.org/10.7196/SAMJ.2019.v109i12.14336>
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3. WHO and UNICEF (2022). How the marketing of formula milk influences our decisions on infant feeding. Geneva, WHO. <https://apps.who.int/iris/rest/bitstreams/1411756/retrieve>